

Code Pleading The Probation Contract:

Yavapai County Adult Probation Department Implementation Of Conditions Of Probation; Standard Condition Of Probation #12;

Says: *"I MUST call every day..."* And *"I MUST report to Averhealth ..."*

I Called, And Appeared Under *Fraud, Extortion, Threat, Duress Coercion*, And *"Special" Appearance*.

The Probation Contract Says, *"NOTHING"* About;

I "MUST" Use Their Tests, And/Or Nothing Saying,

I "MUST" Submit To The Test At All..

(No Wording On Supposed Order).

There Is An Issue About Un-Constitutional Force.

Yavapai Adult Probation Contract Does **Not** Have Any Kind Of Wording Saying,

*"I Must Take A Test"* And *"I Must Use The Averhealth Test" ...*

**THIS IS A LEGALITY...**

Standard Condition Of Probation #12 says:

*"It is your responsibility to PAY for each drug screening."*

Words have meaning, and words are law.

In law, the word **"PAY"** means **"Lawful Money"** and **NOT** discharged in **"bills of credit"** (Federal Reserve Notes).

*Tai Davis* said, (Via Text Message) Drug Test Is \$11 At Averhealth Cottonwood Arizona.

**\$11 (Drug Test) x 24 (Months) = \$264**

It is **"Clear"** in the wording of the Court and Probation Contract, that I do **NOT** have **DUTY** by **ORDER** to take a test, that I have a **"Choice"** (to volunteer by consent, or **NOT** to volunteer by consent) of a test, and there is **NOT** any wording that I **"MUST"** use a test at all in this Contract. Show me the **ORDER**... This is called un-constitutional force. Without an **ORDER**, I can only take test by **Volunteering**, or by **Consent** which I do Not volunteer, **Nor** consent.

I Can "***Specially***" Get A 12-Point Urine Test (At Walmart), Five Tests For \$30.

So, 5 (Five Cup Test Kits) x \$30 = \$150 (24 Months).

I Am Acting In "***Good Faith***" (Legal Term), I Have "***Specially***" Called Averhealth,

I have "***Specially***" Appeared To Averhealth Cottonwood Arizona,

And I Have "***Choice***" Of A Test, And/Or Taking Test "***Specially***" if I choose to do so is Voluntary, and/or by consent only.

The **act** of submitting to a drug test is **NOT Ordered**: In the wording of Yavapai County Adult Probation Department Implementation of Conditions of Probation; ***Standard Condition of Probation #12***. Nor Ordered by Commissioner John D. Napper

Respectfully, and in "***Good Faith***"

I Am, **NOT** volunteering, I Am, NOT giving consent, and I Am, Not ordered by the Court, Nor the APD to take part in "Test"

**COUNTY OF YAVAPAI™** (D-U-N-S number: 074472796)

Case Number: V1300CR201980661

**Averhealth Reference Number: 83467853**

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**Constitution of the United States;**

**First Amendment;**

***Congress*** shall make ***NO*** law respecting an establishment of ***RELIGION***, or ***PROHIBITING THE FREE EXERCISE THEREOF***; or abridging the freedom of speech, or of the press; or the right of the people peaceably to assemble, and to petition the Government for a redress of grievances.

**Creator's Holy Scripture**

**Leviticus 19:28**

***"You are NOT to make incisions in your flesh on account of the dead  
NOR submit to cuts or tattoos.  
I am the LORD."***

Dated this 18<sup>th</sup> day of April, 2022.

Autograph: \_\_\_\_\_

*Michael Willis* of the Chase Family,

Seal



In Propria Persona, Principal Creator for MICHAEL WILLIS CHASE™, which is a Corporate Identity, a Legal Fiction in all uppercase, a decedent. All rights reserved.

*Steven Lee McMillan*

*Steven Lee McMillan - As Witness*

*Paul Thorit Agneberg*

*Paul Thorit: Agneberg - As Witness*

*Deuteronomy 19:15 " ...at the mouth of two witnesses, or at the mouth of three witnesses, shall the matter be established."*

*Michael Willis* Of The Chase Family P.O. Box 4461,  
Sedona Arizona USA [86340]  
[aloha777sedona@gmail.com](mailto:aloha777sedona@gmail.com)  
+1 (928) 399-9688





# **I Do Not Consent m.c.** **Authorization for the Disclosure of Protected Health Information**

**Consent & Authorization:** I hereby authorize averhealth to use and / or disclose my complete health record, including information relating to my substance use monitoring results, mental health care, communicable diseases, HIV or AIDS, and treatment of substance use disorder ("PHI"). averhealth is authorized to disclose my PHI to any referral source that has referred me to averhealth or Medicare, Medicaid, health insurance provider, or other payer source ("Payers"). Referral sources may include my (i) general practitioner, clinical social worker, treatment counselor, or any other health care worker who has a treating provider relationship with me; (ii) employer or prospective employer; (iii) probation officer, deputy officer, court administrator, judge, or any other member of law enforcement or a court; (iv) any entity or individual responsible for using my PHI as directed by my referral source; and (v) any other entity or individual that refers me to averhealth for the purpose of substance use monitoring services ("Referral Source"). averhealth may release my PHI to a Referral Source or Payers for (i) medical treatment or consultation; (ii) substance use treatment; (iii) access compliance with a condition of release, probation, or parole; (iv) billing or claims payment; and (v) other purposes as I may direct ("Permitted Use").

**Term:** This consent is subject to revocation at any time except to the extent that the program which is to make the disclosure has already taken action in reliance on it. If not previously revoked, this consent will terminate upon the earlier of (i) two (2) years from the date executed or (ii) the disposition of my medical, substance use disorder treatment, court, probation, or other diversion related case.

**Patient Notice:** The confidentiality of substance use disorder patient records maintained by averhealth are protected by Federal and State law and regulations. Generally, the program may not communicate to a person outside the program that a patient attends the program, or disclose any information identifying a patient as having substance use disorder. Provided, however, averhealth may disclose my PHI if (i) I consent in writing by signing below; (ii) the disclosure is required or allowed by a court order; or (iii) the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation. Suspected violations may be reported to appropriate authorities in accordance with Federal and/or state regulations. Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities (see 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR part 2 for Federal regulations).

**Patient Acknowledgment:** I acknowledge that my treatment, payment, enrollment or eligibility for benefits will not be conditioned on whether I sign this authorization. I acknowledge that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law, although the recipient will be provided with a notice regarding restrictions on disclosure. I acknowledge that I may request a list of entities to which my PHI has been disclosed. I acknowledge that the averhealth Notice of Privacy Practices policy is available for review upon request.

I have reviewed this authorization in its entirety and understand the content included herein. By signing this authorization, I am confirming that it accurately reflects my wishes.

SIGNATURE OF PATIENT OR PERSONAL REPRESENTATIVE <i>Autograph Under Threat Duress Coercion</i>		Date 4-18-2022
PRINT NAME OF PATIENT Michael Willis of the Chase family	PRINT NAME OF PERSONAL REPRESENTATIVE (If Applicable)	RELATIONSHIP TO PATIENT
FOR averhealth USE ONLY (Inability to Obtain Acknowledgement) If it is not possible to obtain the patient's consent, describe the good faith effort made to obtain the patient's consent and the reason why the consent was not obtained:		Signature of averhealth Representative

Client ID#







# DONOR TESTING AGREEMENT

**Purpose.** I understand that I have been sent to Avertest LLC d/b/a Averhealth for sample collection and testing. Averhealth's role and purpose is to competently perform these functions and, by doing so, help me to achieve and maintain sobriety and succeed in my treatment, recovery, and/or supervision program.

**Free Will.** I understand that I am participating in the Averhealth testing and collection process voluntarily and of my own free will. While I may have to answer to a treatment provider, a case manager, and/or a court, Averhealth and Averhealth staff have no authority over me and cannot require me to do anything against my will. I understand that Averhealth does not set or control any provisions, conditions, or requirements for my treatment or supervision program and that they are merely providing services as ordered by my treatment provider, case manager, and/or judge.

**Mutual Respect.** I understand that Averhealth is a partner in my treatment, recovery, and/or supervision. Averhealth will treat me with respect, and I will treat the Averhealth staff with respect. I also understand that the Averhealth staff has an important and sometimes challenging job. Similarly, Averhealth understands that the procedures it performs may be uncomfortable or a source of stress for me. We will each be courteous, non-confrontational, and non-argumentative with one another and with other people in and around the Averhealth location.

**Test Orders.** Concerning my testing, I understand that I must:

- Appear for testing at an approved collection location when randomly selected or otherwise instructed by the court, or my probation, treatment, or similar agency.
- Call the Averhealth notification line or receive and respond to the Averhealth text notifications promptly and during the day they are received. I understand that I must listen to or read the entire scheduling notification to hear my scheduling information, test location hours of operation, other messages/alerts, and my confirmation number.
- Pay a pre-determined test fee each time I arrive for my drug test via cash, credit card, my prepay account, and/or accepted insurance coverage.

**Same Gender, Observed Urine Collections.** I understand that Averhealth follows same-gender observed urine collection procedures that are approved by my court, case manager, and/or treatment provider and recommended by the National Association of Drug Court Professionals, the American Society of Addiction Medicine, and other similar organizations. I understand that these procedures are designed for my benefit and to help me. I agree to:

- Allow an Averhealth collection technician of the same gender to accompany me into the collection room.
- Ensure the Averhealth collection technician has an unobstructed view of urine flowing from my urethra into the collection cup by removing any coats or bulky outer garments, raising my shirt above my mid-section and lowering my bottoms to mid-thigh prior to providing a sample.
- Comply with other collection protocols as requested by my program. These protocols may include that I provide a 'mid stream sample', but in NO case will these protocols include processes that are against Averhealth policy, including physical contact, any recording (e.g., audio, image, or video), or cavity searches (other than a visual inspection on the mouth during an oral fluid collection).
- Alert my probation officer, case manager, and/or treatment counselor as well as the local Averhealth manager via confidential email at [service@averhealth.com](mailto:service@averhealth.com) regarding my concerns related to the testing program or collection process.

**Test Results.** I understand that Averhealth is not permitted to discuss the results of my tests with me at any time and that test results will be reported directly to the court, my probation or treatment agency and other approved parties.

**7. Consent, Waiver, & Release.** I voluntarily and knowingly consent to and agree to participate in the testing and same-gender, observed collection process to be conducted by Averhealth and its employees. I understand that my participation in the Averhealth testing and collection process is an approved condition of my treatment and/or supervision program, has been voluntarily agreed to by me, and does not constitute a violation of my constitutional rights. Averhealth does not set or control the conditions of my treatment and/or supervision program. Averhealth also does not control the actions taken by the treatment and/or supervision program based on the test and information generated by Averhealth. In consideration of these facts, I agree to release Averhealth from liability for, and waive my right to sue Averhealth as a result of any and all claims arising from or related to my participation in the drug testing program and Averhealth's collection and testing services except to the extent of any claim as to which Averhealth has been found by a court to have acted with recklessness, with willful misconduct, or in bad faith; provided, however, in no event will Averhealth be liable for any special, indirect, consequential or, except if it is found by a court to have acted in bad faith, punitive damages. Should a court determine that the foregoing waiver or release is unenforceable, in whole or in part, it is expressly authorized to construe such waiver and release so as to permit its enforcement to the maximum extent permitted by applicable law.

**8. Governing Law & Venue.** I voluntarily and knowingly agree that this agreement shall be governed by the laws of the state where services are provided and that venue for any action brought pursuant to this agreement shall be in the local judicial district where those services are provided.

**Severability.** If any provision of this agreement is or may be held by a court of competent jurisdiction to be invalid, void or unenforceable, the remaining provisions shall nevertheless survive and continue in full force and effect without being impaired or invalidated in any way.

**10. Agreement.** I HAVE CAREFULLY READ THIS AGREEMENT, UNDERSTAND ITS CONTENTS AND SIGN THIS AGREEMENT AS MY OWN FREE ACT. THE AGREEMENT REPRESENTS THE ENTIRE AGREEMENT BETWEEN AVERHEALTH AND ME, AND THIS AGREEMENT SUPERCEDES ANY OTHER AGREEMENT WHETHER VERBAL OR WRITTEN. THIS AGREEMENT MAY ONLY BE MODIFIED WITH EXPLICITLY WRITTEN APPROVAL OF AN AVERHEALTH EXECUTIVE OFFICER.

Signature of Patient or Patient Representative

Autograph Michael Willis of the Chase Family

Print Name of Patient or Patient Representative

Relationship to Patient

March 18, 2022

Date







## PATIENT REGISTRATION FORM

Date: \_\_\_\_\_

PIN: \_\_\_\_\_

verhealth

## PERSONAL INFORMATION

Name (Last, First, MI):	Chase, Michael Willis	Gender:	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	DOB:	June 29, 1971
Address:	P.O. Box 4461				
City, State:	Sedona Arizona [86340]			Phone #:	(928) 399-9688
Email:					
Race:	<input type="checkbox"/> African American / Black <input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian / White <input type="checkbox"/> Native Hawaiian / Pacific Islander <input checked="" type="checkbox"/> Other			Primary Language:	English

## EMERGENCY CONTACT INFORMATION

Name (Last, First, MI):	Phone #:	( )
Address:	Email:	

## INSURANCE PROVIDER INFORMATION

PRIMARY Insurance Carrier:	Phone #:	( )	
ID#	Group#:		
	<input type="checkbox"/> M <input type="checkbox"/> F	DOB:	
Policy Holder Name:		Phone #:	( )
Policy Holder Address:		Work Phone #:	
Policy Holder Employer:			
Relationship of Client to Policy Holder:	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other		

## PHYSICIAN INFORMATION

Primary Care Physician Name:	Phone #:	( )
Primary Care Provider Address:		

## TREATMENT PROVIDER INFORMATION (Not needed if verhealth)

Treatment Provider Name:	Phone #:	( )
Treatment Provider Address:	Phone #:	( )
Treatment Counselor Name:		

## VETERANS AFFAIRS SOCIAL WORKER INFORMATION

Social Worker Name:	Phone #:	( )
Branch Served In:	Discharge Status:	<input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> Dishonorable
		<input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard <input type="checkbox"/> National Guard







## Yavapai County Adult Probation Department Implementation of Conditions of Probation

**Defendant:** Michael Willis Chase      **Cause Number:** CR201980661

In accordance with the Conditions of Probation granted by the Court in the above cause and the provisions of Rule 27.1 of the Arizona Rules of Criminal Procedure, the following regulations are deemed necessary to implement the conditions imposed by the Court, and are not inconsistent with them.

**Standard Condition of Probation #6:** You are hereby directed in writing by your probation officer, to report in person to the Yavapai County Adult Probation Department office, located at 411 South 14th Street in Cottonwood, Arizona, on the first Wednesday of every month at 2:30PM, effective immediately. If your office day falls on a state holiday, you must report on the following Wednesday.

**Standard Condition of Probation #7:** You are hereby directed in writing by your probation officer, to keep your probation officer updated with the location you currently reside and sleep at, by drawing a map of the area and mailing it to: Tai Davis, 411 South 14<sup>th</sup> Street, Cottonwood, Arizona, 86326. The map must be detailed enough that the average person, familiar with the Verde Valley, could easily find it. You must mail your probation officer a new map within 72 hours of moving to a new location.

**Standard Condition of Probation #11:** You are hereby directed in writing by your probation officer, to be screened by Spectrum Healthcare, located at 8 East Cottonwood Street, in Cottonwood, Arizona, for placement into a treatment program, no later than May 6, 2022. It is your sole responsibility to attend all sessions recommended by Spectrum Healthcare. At your screening appointment, you must request and then sign a Release of Information that allows Spectrum Healthcare and Yavapai County Probation to exchange confidential information about your treatment.

**Standard Condition of Probation #12:** You are hereby directed in writing by your probation officer, to start drug screenings at Averhealth, effective immediately. You must call (928) 399-4099 every day to find out if you are scheduled to test. Your unique seven-digit PIN is 3372171. Averhealth's automated telephone system will inform you whether you are required to test that day. If instructed to test, you must report to 1423 East State Route 89A, Cottonwood, Arizona, between the hours of 11:00am and 6:30pm. It is your responsibility to pay for each drug screening.

**Standard Condition of Probation #15:** You are hereby directed in writing by your probation officer, to make a court payment of \$75.00 each month beginning April 11, 2022. You must mail a cashier's check or money order with your case number written on it to: Criminal Payments, Clerk of the Superior Court, 120 South Cortez Street, Prescott, Arizona, 86303.

**Standard Condition of Probation #22:** You are hereby directed in writing by your probation officer, to submit to fingerprinting at the Yavapai County Jail, located at 2830 North Commonwealth Drive, Camp Verde, Arizona, no later than May 6, 2022.

**Note:** By signing this form you acknowledge that you have been advised of your responsibilities to fulfill your conditions of probation. Failure to comply with any of the above directives may result in the Court being notified of your noncompliance.

DO NOT PLACE ANY MARK OUTSIDE THIS BOX

DEFENDANT'S SIGNATURE

DATE

SUPERVISING OFFICER'S SIGNATURE

DATE



04/06/2022



IMPLEMENTATION OF CONDITIONS OF PROBATION

NAME: Michael Chase

CAUSE NO: CR 2019-8 0661

In accordance with the conditions of probation granted by the Court in the above cause(s) and the provisions of Rule 27.1 of the Arizona Rules of Criminal Procedure, the following plan is consistent with Court orders and necessary to achieve behavior change as imposed by the Court.

*Under Threat Duress Coercion*

Condition #1

*MC* I AGREE to maintain a crime-free lifestyle by obeying all laws, and not participating in any criminal activity. *Under The Common Law*

*UC Do Not Understand* I UNDERSTAND that if I am convicted of a new felony while on probation, it may carry a sentence of mandatory imprisonment.

Condition #2

\_\_\_\_\_ I AGREE with my probation officer that I will not have in my possession any weapon\* or device designed to cause injury or incapacitation. I agree to store tools and equipment that could potentially inflict bodily harm in their proper and reasonably secure locations. I will not carry on my person any blade that could not pass through airport security. If there is any possibility that my PO might consider a specific object a "weapon," I will first get my PO's permission before I acquire it.

\*Some examples of weapons you cannot have while you are on probation include: firearms, ammunition, muzzleloaders, tactical folding or fixed-blade knives, push knives, pepper/OC spray, stun guns, Tasers, swords, daggers, throwing stars, tomahawks, hunting bows or broadheads, crossbows, slingshots, spears, clubs, expandable batons, nun-chucks, brass knuckles, etc.

Condition #3

\_\_\_\_\_ I AGREE to report any contact I have with law enforcement to my probation officer within 72 hours (3 days).

Condition #4

\_\_\_\_\_ I AGREE to submit to search and seizure of person and property to the Adult Probation Department without a search warrant.

Condition #5

(Doesn't apply if citizen of U.S.A.)



## Yavapai County Adult Probation Department Review and Acknowledgement

**Defendant:** Michael Willis Chase      **Cause Number:** CR201980661

I have had explained to me, fully understand, and previously received a copy of the Conditions of my Probation and have no questions as to my expected behavior.

DO NOT PLACE ANY MARK OUTSIDE THIS BOX

--

DEFENDANT'S SIGNATURE

DATE

	04/06/2022
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SUPERVISING OFFICER'S SIGNATURE

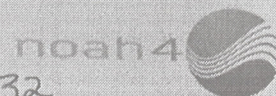
DATE





# Chico Hearing Aid Center

1600 Mangrove Ave Suite 160 Chico, CA 95926 530-342-8132



Patient Name CHASE, MICHAEL

Address UNK

City CHICO

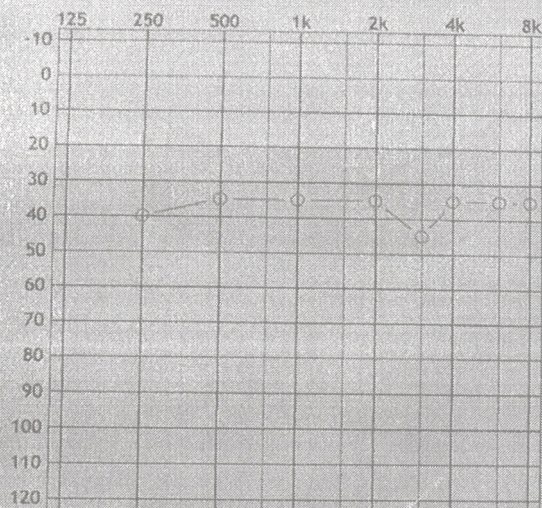
Zip code 95926

6/29/1971

*Submitted  
Specially Willis  
~ Michael Chase Family  
of the Chase Family  
In Good Faith*

Test date:

4/8/2019



## Legend

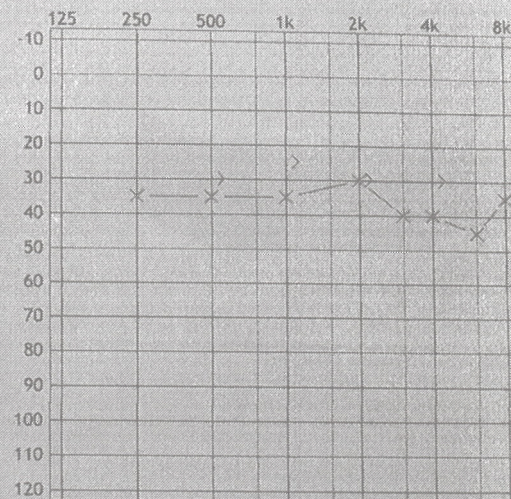
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AC

BC



## Pure Tone Average

AC

35

Right (3 Freq.)

34

Left (3 Freq.)

## Report Comments

Name:

ABC

*Deanna McCoy HA 3884*  
*Deanna McCoy*

4/8/2019







Name: Chase, Michael Willis | DOB: 06/29/1971 (47y)

After Visit Summary

**After Visit Summary**

Chase, Michael Willis

DOB: 06/29/1971 (47y)

Visit date: April 22, 2019

Date generated: April 22, 2019 13:32

CHICO VA CLINIC

VA

U.S. Department  
of Veterans Affairs

*Submitted  
Specially  
- Michael Willis  
of the Chase family  
In Good Faith*

**Today's Visit**

Clinic Visits	Apr 22, 2019 13:00 - CHICO PACT SIERRA 5 / LEE, JOSEPH TIN-YAM / WITHERSPOON, TOM	
Providers	<ul style="list-style-type: none"> <li>LEE, JOSEPH TIN-YAM</li> <li>WITHERSPOON, TOM</li> </ul>	
Reason For Visit	<ul style="list-style-type: none"> <li>Mental health annual physical examination done</li> </ul>	
You Were Diagnosed With	<ul style="list-style-type: none"> <li>Mental health annual physical examination done</li> <li>Tinnitus, Bilateral</li> <li>Jaw pain</li> </ul>	
Vitals as of This Visit	April 22, 2019 <ul style="list-style-type: none"> <li>Blood Pressure: 110/80</li> <li>Pulse: 61</li> <li>Pulse Oximetry: 98</li> <li>Temperature: 98.9 F</li> <li>Height: 71 in</li> <li>Weight: 186 lb</li> <li>Body Mass Index: 26.00</li> <li>Pain: 0</li> </ul>	

**My Treatment Plan**

New Orders From This Visit	None
Other Instructions	None

**My Ongoing Care**

Primary Care Provider	Dorjee, K *PENDING* CHICO CASCADE 2
Upcoming Appointments	No appointments scheduled in the next 3 months
Immunizations	None
Allergies and Adverse Drug Reactions (Signs / Symptoms)	No known allergies
My Medications	None

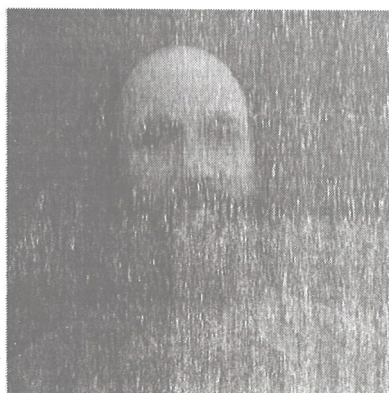






ARIZONA DEPARTMENT  
OF HEALTH SERVICES

*Not Authorized to Cultivate*



**PATIENT**

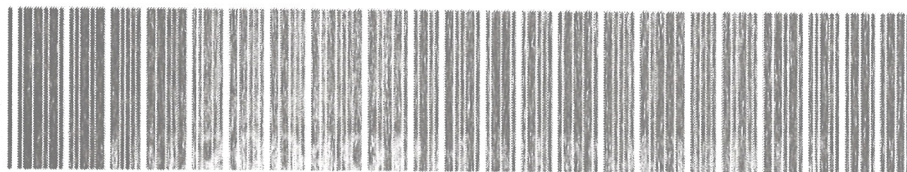
ISSUE DATE  
10/06/2020

EXPIRES  
10/05/2022

**MICHAEL CHASE**

79 CANYON DIABLO RD UNIT 1  
SEDONA, AZ 86351  
DOB: 06/29/1971

**1602004QPHB875434017**



THERE MAY BE POTENTIAL DANGERS TO FETUSES CAUSED BY SMOKING OR  
INGESTING MARIJUANA WHILE PREGNANT OR TO INFANTS WHILE  
BREASTFEEDING. USE OF MARIJUANA DURING PREGNANCY MAY RESULT IN A  
RISK OF BEING REPORTED TO THE DEPARTMENT OF CHILD SAFETY DURING  
PREGNANCY OR AT THE BIRTH OF THE CHILD BY PERSONS WHO ARE REQUIRED  
TO REPORT.

*Submitted  
Specifically  
- Michael Willis  
of the Chase family  
In Good Faith*

